

## President's Column:

*“The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions.”*

— Sir William Osler

by Adj Asst Prof Tan Tze Lee, President, 26<sup>th</sup> Council, College of Family Physicians Singapore

Not so long ago, we embarked on our undergraduate lives as medical students. Having gone through gruelling years in high school and taken rigorous examinations, our academic successes had resulted in winning that coveted place to study medicine. We had finally arrived; nothing was impossible. We were ready and able to conquer the world, climb the highest academic mountains, cross the deepest clinical seas. We were fearless, bound together with the hopes and aspirations to help our fellow man, to relieve suffering, to bring comfort, to heal. We helped each other in our studies, bonded in our clinical groups, worked closely with each other to excel in our craft, went on overseas mission trips to help the needy. Those were halcyon days, those undergraduate days, days that hold the sweetest memories, when skies are always blue, every storm merely a passing shower.

However, whilst on the path to qualification and specialisation, many young students of medicine become waylaid by the cares of the world. As the best made career plans are laid waste, anxiety, hopelessness and depression become the order of the day. Negativism becomes consuming as dreams are despoiled by the unfeeling turns

of reality. It affects both young and old. The more senior of us may have health issues which makes it challenging to continue providing quality care for our patients. We may be working ourselves too hard, neglecting our own self care. Our working environment could also be unsupportive, contributing to low morale and poor team work; patient care suffers as a consequence. When the tyranny of work takes us away from our families, relationships would also suffer. Where has the joy gone?

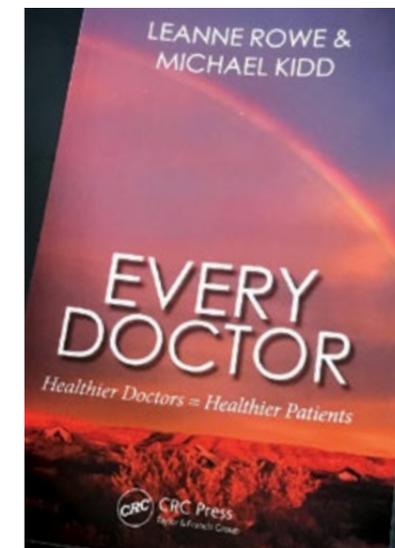
We, as the fraternity of family doctors, need to support each other, providing care and help for our brethren. But how do we do it? What are the signs we should look out for? How do we do better self care? How can we create a work environment that alleviates and avoids the pitfalls of a toxic workplace? Who can we turn to for advice and counsel when the chips are down?

Whilst mulling over this, I came across a wee book by past president of Wonca Prof Michael Kidd, who was our Sreenivasan Orator at the College's Convocation last year. During the event, he launched his new book on doctors'

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health, Every Doctor. I got a copy, and once I started reading it I could not put it down. Page after page, it touched me in so many ways, on many of the problems we face as doctors on a daily basis in our professional and personal lives. Coauthored by Prof Kidd and Dr Leanne Rowe, it addressed many of the issues we now face in our practice in the 21st century. We may not like to admit it, but burnout, stress, mental illness, suicide, harassment, bullying, medicolegal challenges; all these are now part and parcel of our lives as medical doctors.

In his book he shared that self care is “essential”. I quote “It is simply not possible to offer consistent high-quality patient care unless we prioritize adequate time outside office hours to rejuvenate and replenish ourselves.” I could not agree more. Even Sir William Osler alluded to this over a 100 years ago in his quip “The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions.” I suspect such challenges as we face now were also faced, in one form or another, by clinicians in ages past. Perhaps it is just the nature of our vocation. As it is, it is fortunate that we are now able to recognise these issues early, and address them in a timely fashion. This book offers some solutions. There are sections in the book that cover various aspects of self care, and creating healthier working environments and medical leadership. A thoughtful read, a very timely reminder for all of us to reflect, make time for ourselves, for self care.



I am very amazed at the stamina of our family medicine trainees, some of whom have literally climbed mountains and crossed rivers to complete their courses. We interviewed several of our MMed(FM) and fellowship graduands in this issue, and they gave candid accounts of the training that they went through. Some of them had attempted the MMed (FM) several times, finally succeeding in clearing the rigorous examination on the final try. Some have been pregnant and had a baby during the course, some have had to deal with illness and manage hospitalizations. Despite all these challenges, they stayed the course and reached their goal! We are very proud of all of them, and celebrate their perseverance and success.

This issue has several articles of great interest. Dr Jean Jasmin Lee shares with us advice on sexual medicine. Something that we often find hard to discuss

with our patients, Jean breaks the ice for us and gives us much needed insight. We have an article on COPD in the community, as well as an article on guitar building by Dr Terence Tan. Dr Luke Low gives us a glimpse of the new Sengkang Community Hospital, which just recently opened. Apparently it “Feels like Home”!

The College is very privileged to have many talented members who contribute to the fraternity. We are grateful for the dedication and commitment, and will continue to support these activities that strengthens our College family. Unity is strength, and by staying united, our family medicine community can only become stronger.

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## FAMILY PRACTICE SKILLS COURSE

### Intimacy & Sexuality

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the seminar on “Intimacy & Sexuality”, held on 19 January 2019.

#### Expert Panel:

A/Prof Cheong Pak Yean  
Dr Jean-Jasmin Lee Mi-Li  
Dr Ang Seng Bin  
Dr Angela Tan Qiuli

### Diabetes Mellitus Update

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #77 on “Diabetes Mellitus Update”, held on 26 January 2019.

#### Expert Panel:

Dr Goh Su-Yen  
Dr Khoo Chin Meng  
Assoc Prof (Adj) Daniel Chew  
Marabelle Heng  
Dr David Sim

#### Chairperson:

Dr Irwin Chung

## The GDFM Programme

by Dr Wong Tien Hua, FCFP(S), Council Member, Team C Editorial Member

The Graduate Diploma of Family Medicine programme is currently the most subscribed course run by CFPS. This reflects the changing attitudes towards primary care amongst our doctors -that it is important to receive post graduate training in primary care above and beyond the basic medical degree. It also reflects the changing needs in society, with government policies in recent years gearing towards supporting the development of a strong primary care sector in Singapore, in order to deliver cost effective care in an ageing population.

I was recently appointed as Programme Director of Graduate Diploma of Family Medicine Programme, and together with my fellow programme director Dr Lawrence Ng, did a review and rethink of the GDFM course, in order to give more clarity to what we hope to achieve.

The statement of course intent is very important and is as follows:

*The GDFM course aims to provide a comprehensive vocational training in Family Medicine, to produce a competent family physician in Singapore.*

Vocational training means that the course has to be very practical in approach, with emphasis on what are the competencies that are expected of doctors practising in primary care. Not only are basic clinical skills important, such as the ability to communicate effectively, make a proper assessment and manage cases in the context of primary care, but also the ability to perform procedures such as giving injections, respond to emergencies, and

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